

**PATENT APPLICATION FEE DETERMINATION RECORD**

Effective December 8, 2004

Application or Docket Number

10/02/2012

PCG

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

|                                  |                 |                          |
|----------------------------------|-----------------|--------------------------|
| TOTAL CLAIMS                     |                 |                          |
| FOR                              | NUMBER FILED    | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 21 minus 20 = * | /                        |
| INDEPENDENT CLAIMS               | 3 minus 3 = *   |                          |
| MULTIPLE DEPENDENT CLAIM PRESENT |                 | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
|--|----------------------------------|-------|------------------------------------|--------------------------|
|  | Total                            | Minus | **                                 | =                        |
| Independent                                    | *                                | Minus | ***                                | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       |                                    | <input type="checkbox"/> |

SMALL ENTITY  
TYPE  OTHER THAN  
OR SMALL ENTITY

|           |      |              |      |
|-----------|------|--------------|------|
| RATE      | FEES | RATE         | FEES |
| BASIC FEE |      | OR BASIC FEE | 790  |
| X\$ 25=   |      | OR X\$50=    | 50   |
| X100=     |      | OR X200=     |      |
| +180=     |      | OR +360=     |      |
| TOTAL     |      | OR TOTAL     | 640  |

OTHER THAN  
SMALL ENTITY OR SMALL ENTITY

|                  |                |                     |                |
|------------------|----------------|---------------------|----------------|
| RATE             | ADDITIONAL FEE | RATE                | ADDITIONAL FEE |
| X\$ 25=          |                | OR X\$50=           |                |
| X100=            |                | OR X200=            |                |
| +180=            |                | OR +360=            |                |
| TOTAL ADDIT. FEE |                | OR TOTAL ADDIT. FEE |                |

| AMENDMENT B                                    | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
|--|----------------------------------|-------|------------------------------------|--------------------------|
|  | Total                            | Minus | **                                 | =                        |
| Independent                                    | *                                | Minus | ***                                | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       |                                    | <input type="checkbox"/> |

|                  |                |                     |                |
|------------------|----------------|---------------------|----------------|
| RATE             | ADDITIONAL FEE | RATE                | ADDITIONAL FEE |
| X\$ 25=          |                | OR X\$50=           |                |
| X100=            |                | OR X200=            |                |
| +180=            |                | OR +360=            |                |
| TOTAL ADDIT. FEE |                | OR TOTAL ADDIT. FEE |                |

| AMENDMENT C                                    | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
|--|----------------------------------|-------|------------------------------------|--------------------------|
|  | Total                            | Minus | **                                 | =                        |
| Independent                                    | *                                | Minus | ***                                | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       |                                    | <input type="checkbox"/> |

|                  |                |                     |                |
|------------------|----------------|---------------------|----------------|
| RATE             | ADDITIONAL FEE | RATE                | ADDITIONAL FEE |
| X\$ 25=          |                | OR X\$50=           |                |
| X100=            |                | OR X200=            |                |
| +180=            |                | OR +360=            |                |
| TOTAL ADDIT. FEE |                | OR TOTAL ADDIT. FEE |                |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.